

# HOLY COMMUNION LUTHERAN CHURCH

PO Box 55  
Fallston, MD 21047-0055



## Credit Card Purchase

Date \_\_\_\_\_

To: HCLC Treasurer

A credit card purchase was made in the amount of \$ \_\_\_\_\_

DATE OF PURCHASE \_\_\_\_\_ LAST 4 DIGITS OF CREDIT CARD \_\_\_\_\_

PURCHASE MADE BY \_\_\_\_\_

VENDOR \_\_\_\_\_

THIS EXPENSE IS A PROPER CHARGE FOR: (attach all invoices, receipts, and other data )

From: (Name) \_\_\_\_\_ (Title and/or Committee) \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Committee/Activity

**PLEASE USE TAX EXEMPT CARD WHEN MAKING PURCHASES**

<b>OFFICE USE ONLY</b>	Check No. _____ Date Paid _____
	Account(s) _____
	_____ Treasurer



Holy Communion Lutheran Church, Fallston, Maryland

*Reaching Out to Share Christ's Love...*